



DIALOGUES

Empathy, PTSD, and migration in African refugees: future perspectives

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The paper by Aragona et al. (2020) has the merit to explore for the first time the empathic abilities of African refugees and asylum seekers. The LiMEs questionnaire (Aragona et al., 2014; Aragona et al., 2018) has been administered to the included sample, confirming the accounts of the difficulties encountered during the journey and of the precarious condition experienced by the asylum seekers. In fact, the experiences in the country of origin and during the journey of these migrants are almost always characterised by episodes of violence and torture (Ali et al., 2015; Medici per i Diritti Umani, 2020) and this accounts for the frequent presence of Post-Traumatic Stress Disorder (PTSD), which in this study has been assessed through clinical interview and the administration of the Post-Traumatic Checklist for DSM-5 (PCL-5) (Weathers et al., 2013). Based on previous studies on empathy of people with PTSD subjected to traumatic experiences or torture (Doerr-Zegers et al., 1992), a reduced ability to empathise was expected in these individuals. However, we should underline that previous studies considered heterogeneous traumatic experiences in different populations. Only one of these studies focused on Bosnian refugees, but none on people of African ethnicity (Schmidt & Zachariae, 2009). Bosnian refugees were subjected to the Reading the Mind in the Eyes Test (Baron-Cohen et al., 2001) and committed more errors than the control group. This has been interpreted as showing a PTSD-related difficulty. To study empathy in African refugees, the authors used the Interpersonal Reactivity Index (IRI) (Davis, 1980).

This self-rated instrument considers empathy

as a set of separate, but correlated constructs; it consists of four subscales, i.e., perspective taking, empathic concern, personal distress, and fantasy. According to my opinion, the assessment of empathy through the self-rated IRI gives way to a reflexive component also in the exploration of emotional aspects. Furthermore, language comprehension problems could have amplified this phenomenon. This could partly account for the observed differences, compared to previous studies. However, there are no studies evaluating empathy in African refugees. The findings of this study paves the way to further studies, possibly investigating emotional empathy of African immigrants more directly, for example through the use of images or videotapes. The higher scores on the Fantasy and Personal Distress scales of African asylum seekers and refugees, compared to controls, may well account for a dimension of widened emotional participation of one's own anxiety, but always within the dimension of a description of one's own reactions. However, this result is remarkable if we consider that controls had a higher educational level, hence they were expected to show higher social intelligence abilities and interpersonal competences (Schmidt & Zachariae, 2009). In the field of neurosciences, studies on empathy for others' pain lead us to distinguish two forms of empathy, a simple one, based on somatic resonance, i.e., the ability to map a painful stimulus inflicted on others as if experienced on one's own body; the other is a more complex form of empathy, whereby affective resonance and social ties play an important role (Avenanti et al., 2005). Furthermore, it has been shown that

cognitive expectations may modify empathic response to observing the administration of a painful stimulus (Lamm et al., 2007). This indicates that the cognitive component plays an important role, since it is able to modulate empathic response.

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These considerations strengthen the idea to further explore this issue by designing a study evaluating a more immediate impact of empathy, exploiting the advantage of overcoming linguistic barriers and reducing the influence of cognitive assessment.